IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 3, 2003

Re: IRO Case # M2-03-0785
Texas Worker's Compensation Commission:
has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.
In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to for an independent review has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.
The case was reviewed by a physician who is Board Certified in Anesthesiology and Pain Management. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.
The determination of the reviewer who reviewed this case, based on the medical records provided, is as follows:
History The patient is a 25-year-old female status post two surgeries in the right hand. Persistent pain is present as well as swelling and mottling of the extremity.
Requested Service Series of three stellate ganglion blocks
D ::

Decision

I disagree with the carrier's decision to deny one of the three requested stellate gaglion

I agree with the carrier's decision to deny the other two SGBs at this time.

Rationale

There is persistent pain that is unexplained. Mottling and swelling are also present. One diagnostic stellate ganglion block is reasonable and necessary. If improvement occurs, then the procedure can be repeated. SGB is the gold standard in the treatment and diagnosis of CRPS, but it should not be repeated unless its efficacy with the patient is demonstrated.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within 10 (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within 20 (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 5th day of June 2003.